



San Antonio, Texas
Local Public Health System Performance Assessment
October 2, 2002

Department of Health and Human Services
Centers for Disease Control and Prevention



National Public Health Performance Standards Program
Division of Public Health Systems Development and Research
Public Health Practice Program Office



ACKNOWLEDGMENTS

The National Public Health Performance Standards Program (NPHPSP), Division of Public Health Systems Development and Research, Public Health Practice Program Office, CDC, commends all participants for their leadership and diligence in completing the National Public Health Performance Standards Assessment. The commitment to assess and undertake needed improvements in the quality and performance of public health systems will result in better health protection and health promotion services for the public.



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THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

Introduction

The National Public Health Performance Standards Program (NPHPSP) is a partnership initiative established in 1998 to improve the practice of public health, the performance of public health systems, and the infrastructure supporting public health actions. To accomplish this mission, performance standards for public health systems have been collaboratively developed. These standards represent an optimal level of performance that needs to exist to deliver essential public health services within a public health system.

The NPHPSP has established four goals:

- \$ Provide public health performance standards for public health systems;
- \$ Systematically collect and analyze performance and capacity data;
- \$ Improve the quality and accountability of public health practice and performance of public health systems; and
- \$ Develop a scientific basis for public health practice and performance measurement.

The NPHPSP is led by the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). Collaborative partners in establishing and supporting the NPHPSP are the: American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI), and the Public Health Foundation (PHF). In addition, eight state public health agencies (Florida, Hawaii, Minnesota, Mississippi, Missouri, Ohio, New York and Texas) and hundreds of local public health systems within these states assisted in testing and developing the assessment instruments.

The NPHPSP includes three instruments:

- **The State Public Health System Performance Assessment Instrument (State Instrument)** focuses on the “state public health system.” This system includes state public health agencies and other partners that contribute to public health services at the state level. The instrument was developed under the leadership of ASTHO and CDC.
- **The Local Public Health System Performance Assessment Instrument (Local Instrument)** focuses on the “local public health system” or all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations. The local instrument was developed under the leadership of NACCHO and CDC.



- **The Local Public Health Governance Performance Assessment Instrument (Governance Instrument)** focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners. The governance instrument was developed under the leadership of NALBOH and CDC.

Concepts Guiding Performance Standards Development and Use

Four concepts have helped to frame the National Public Health Performance Standards into their current format:

1. The standards are **designed around the ten Essential Public Health Services (EPHSs)**. These ten services are the foundation of any public health action and describe the full range of public health responsibilities. The EPHS were first articulated in 1994 in the *Public Health in America* statement. The use of the EPHS provides a way to describe and examine the breadth of public health practice, system performance, and infrastructure capability needed for both the state and local public health system levels.
2. The standards **focus on the overall public health system**, rather than a single organization. A public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. By focusing on the public health system, the contributions of all entities are recognized in assessing the provision of EPHS. Entities within a public health system can include hospitals, physicians, managed care organizations, environmental agencies, social service organizations, educational systems, community-based organizations, religious institutions and many others. All of these organizations play a role in working to improve the public's health.
3. The standards **describe an optimal level of performance**, rather than provide minimum expectations. This assures that the standards can be used for continuous quality improvement. The standards will stimulate performance and infrastructure improvement in public health systems.
4. The standards are explicitly intended to **support a process of quality improvement**. System partners should use the assessment process and results as a guide for learning about public health activities throughout the system and determining how to improve services. The standards can also be used to advocate for improvements to better serve populations within a public health system.



Assessment Instrument Structure

The NPHPSP assessment instruments are constructed using the Essential Public Health Services as a framework. Within the assessment instrument, each EPHS is divided into indicators that describe critical aspects of public health practice. Each indicator is illustrated by one or more model standards that describe aspects of an optimal performing public health system. The model standards articulated in these instruments represent expert public health opinion and best practice concepts. Each model standard is addressed by assessment questions that serve as measures of performance.

The measures elicit information on how well the model standard is being met. There are four response options associated with each measure. The spectrum of activity associated with each response option is:

Yes	Greater than 75% of the activity described within the question is met within the public health system.
High Partially	Greater than 50%, but no more than 75% of the activity described within the question is met within the public health system.
Low Partially	Greater than 25%, but no more than 50% of the activity described within the question is met within the public health system.
No	No more than 25% of the activity described within the question is met within the public health system.

Summary questions are found at the end of each indicator section of the assessment instrument. The summary questions use a four-point scale to assess the percentage of the model standard that 1) is achieved by the public health system collectively, and 2) is the direct contribution of the public health agency. The four responses are 1) 0-25%, 2) 26-50%, 3) 51-75%, and 4) 76-100%.

Data Limitations

Performance scores are based on somewhat unique processes and system participant groups. Assessment methods are not yet fully standardized and these differences in survey administration can introduce measurement error. Additionally, differences in knowledge can create interpretation issues for some questions and this can introduce a degree of random non-sampling error. Results and recommendations associated with these reported data should be used for quality improvement within an overall public health infrastructure and performance improvement process for public health systems. These data represent the collective performance of all organizational participants in the public health system and should not be interpreted to reflect any single agency or organization.



Using Results for Quality Improvement

The NPHPSP assessment instruments are intended to promote and stimulate quality improvement. As a result of the assessment process, the respondents should identify strengths and weaknesses within the state or local public health system or the governing entity. This information can pinpoint areas that need improvement. If the results of the assessment process are not used, much of the hard work that was devoted to completing the instrument will be wasted. System improvement plans must be developed and implemented.

Assessment results represent the collective performance of all entities in the public health system and not any one organization. To assure that this information is appropriately used, results should be discussed among system partners. The assessment results can drive improvement planning within each organization as well as system-wide.

Resources are available to assist in quality improvement activities. The NPHPSP User Guide, Internet Tools for Performance Improvement, MAPP, and other technical assistance documents can be found on or are linked to the NPHPSP website at www.phppo.cdc.gov/nphpsp/.

Conclusion

The challenge of preventing illness and improving health is ongoing. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. High performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through continuous assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, more effectively and efficiently use resources, and improve health intervention services.

NPHPSP Local Public Health System Performance Assessment Instrument
Summary of Performance Scores by EPHS and Indicators

TX1711 - TEXAS

Date Submitted: 21OCT2002

Description	Score
EPHS 1: Monitor Health Status	68
1.1 Population Based Community Health Profile	66
1_1_1 Conducted community health assessment?	59
1_1_2 Compile data into community health profile?	83
1_1_3 Access to community demographic characteristics?	100
1_1_4 Access to community socioeconomic characteristics?	100
1_1_5 Access to health resource availability data?	22
1_1_6 Access to quality of life data for the community?	11
1_1_7 Access to behavioral risk factors for the community?	67
1_1_8 Access to community environmental health indicators?	22
1_1_9 Access to social and mental health data?	11
1_1_10 Access to maternal and child health data?	100
1_1_11 Access to death, illness, injury data?	100
1_1_12 Access to communicable disease data?	100
1_1_13 Access to sentinel events data?	44
1_1_14 Community-widense of health assessment or CHP data promoted?	100
1.2 Access to and Utilization of Current Technology	77

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Description	Score
1_2_1 State-of-the-art technology to support databases?	44
1_2_2 Access to geocoded health data?	100
1_2_3 Use geographic information systems (GIS)?	100
1_2_4 Use computer-generated graphics to identify trends and/or compare data?	100
1_2_5 CHP available in electronic version?	40
1.3 Maintenance of Population Health Registries	67
1_3_1 Maintain and/or contribute to one or more population health registries?	67
1_3_2 Used information from population health registries?	67
EPHS 2: Diagnose and investigate Health problems	85
2.1 Identification and Surveillance of Health Threats	72
2_1_1 Submit timely reportable disease information to state or LPHS?	67
2_1_2 Monitor changes in occurrence of health problems and hazards?	44
2_1_3 Have a comprehensive surveillance system?	67
2_1_4 Use IT for surveillance?	89
2_1_5 Access to Masters or Doctoral level epidemiologists and/or statisticians?	100

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Description	Score
2_1_6 Procedure to alert communities about health threats/disease outbreaks?	67
2.2 Investigate Public Health Emergencies	95
2_2_1 Identified public health disasters and emergencies?	100
2_2_2 Have an emergency preparedness and response plan?	80
2_2_3 Plan been tested through one or more “mock events” in the past year?	100
2_2_4 Plan been reviewed or revised within the past two years?	100
2.3 Laboratory Support for Investigation of Health Threats	79
2_3_1 Designated an Emergency Response Coordinator?	100
2_3_2 Have current epidemiological case investigation protocols?	91
2_3_3 Written protocols for implementing program of source and contact tracing?	75
2_3_4 Roster of response personnel with technical expertise?	29
2_3_5 Evaluate public health emergency response incidents?	100
2.4 Plan for and Research to Public Health Emergencies	100
2_4_1 Access to laboratory services to support investigations?	100
2_4_2 Access to laboratories capable of meeting routine diagnostic and surveillance needs?	100

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Description	Score
2_4_3 Documentation that laboratories are licensed and/or credentialed?	100
2_4_4 Current guidelines or protocols for handling laboratory samples?	100
EPHS 3: Inform, Educate, and Empower People	71
3.1 Health Education	61
3_1_1 Information on community health to public and policy leaders?	51
3_1_2 Use media to communicate health information?	39
3_1_3 Sponsor health education programs?	57
3_1_4 Assessed public health education activities?	95
3.2 Health Promotion Activities	85
3_2_1 Implemented health promotion activities?	83
3_2_2 Collaborative networks for health promotion established?	83
3_2_3 Assessed health promotion activities?	88
EPHS 4: Mobilize Community Partnerships	57
4.1 Constituency Development	61

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Description	Score
4_1_1 Process for identifying key constituents?	39
4_1_2 Encourage participation of constituents in improving community health?	56
4_1_3 Current directory of organizations that comprise the LPHS?	87
4_1_4 Use communications strategies to strengthen linkages?	61
4.2 Community Partnerships	52
4_2_1 Partnerships exist in the community?	78
4_2_2 Assure establishment of a broad-based community health improvement committee?	67
4_2_3 Assess the effectiveness of community partnerships?	11
EPHS 5: Develop Policies and Plans	47
5.1 Governance (General Measures)	48
5_1_1 Includes a local governmental public health entity?	90
5_1_2 Assures participation of stakeholders in implementation of community health plan?	100
5_1_3 Local governing entity (e.g., local board of health) conducts oversight?	0
5_1_4 Local governmental public health entity work with the state public health system?	0

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Description	Score
5.2 Community Health Improvement (HIP) Process	83
5_2_1 Contribute to the development of public health policies?	83
5_2_2 Review public health policies at least every two years?	67
5_2_3 Advocate for the development of prevention and protection policies?	100
5.3 Strategic Planning Alignment with Community HIP	37
5_3_1 Established a community health improvement process?	73
5_3_2 Developed strategies to address community health objectives?	0
5.4 Public Health Policy Development	18
5_4_1 Each organization in the LPHS conduct a strategic planning process?	33
5_4_2 Each organization in the LPHS review its organizational strategic plan?	11
5_4_3 Local governmental public health entity conduct strategic planning activities?	8
EPHS 6: Enforce Laws and Regulations	81
6.1 Review and Evaluate Laws, Regulations, and Ordinances	78

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Description	Score
6_1_1 Identify public health issues addressed through laws, regulations, or ordinances?	100
6_1_2 Access to current compilation of laws, regulations, and ordinances?	70
6_1_3 Review the public health laws and regulations every 5 years?	40
6_1_4 Access to legal counsel?	100
6.2 Involvement in Improvement of Laws, Regs and Ordinances	100
6_2_1 Identify local public health issues not adequately addressed through existing laws, regulations, and ordinances?	100
6_2_2 Participated in the development or modification of laws, regulations or ordinances?	100
6_2_3 Provide technical assistance to legislative, regulatory or advocacy groups?	100
6.3 Enforce laws, Regulations and Ordinances	69
6_3_1 Authority to enforce public health laws, regulations, or ordinances?	67
6_3_2 Assure enforcement activities are conducted in a timely manner?	67
6_3_3 Provide information to individuals and organizations about public health laws, regulations, and ordinances?	56
6_3_4 Reviewed the activities of institutions and businesses in the community?	89
EPHS 7: Link people to Needed Personal Health Services	48
7.1 Identification of Populations with Barriers to System	73

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Description	Score
7_1_1 Identify any populations who may encounter barriers?	73
7.2 Identifying Personal Health Service Needs of Population	44
7_2_1 Defined personal health service needs for all of its catchment areas?	67
7_2_2 Assessed the extent personal health services are being provided?	19
7_2_3 Identify the personal health services of populations who encounter barriers to personal health services?	47
7.3 Assuring Linkage of People to Personal Health Services	45
7_3_1 Assure the provision of needed personal health services?	20
7_3_2 Provide outreach and linkage services for the community?	50
7_3_3 Initiatives to enroll eligible beneficiaries in state Medicaid or medical assistance programs?	100
7_3_4 Assure the coordinated delivery of personal health services?	22
7_3_5 Conducted an analysis of age-specific participation in preventive services?	33
EPHS 8: Assure a Competent Workforce	65
8.1 Workforce Assessment	59

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Description	Score
8_1_1 Conduct a workforce assessment within past three years?	41
8_1_2 Gaps within the public and personal health workforce been identified?	36
8_1_3 Results of the workforce assessment disseminated?	100
8.2 Public Health workforce Standards	84
8_2_1 Aware of and in compliance with guidelines and/or licensure/certification requirements for personnel?	100
8_2_2 Organizations developed written job standards and/or position descriptions?	67
8_2_3 Agency Developed within job standards and/or position descriptions?	56
8_2_4 Organizations conduct performance evaluations?	100
8_2_5 Agency conduct performance evaluations?	100
8.3 Continuing Education, Training and Mentoring	82
8_3_1 Identify education and training needs?	53
8_3_2 Local governmental public health entity provide opportunities for all personnel to develop core public health	100
8_3_3 Incentives provided to the workforce to participate in educational and training experiences?	75
8_3_4 Opportunities for interaction between staff of LPHS organizations and faculty from academic and research ins	100
8.4 Workforce Understanding of Determinants of Health	27

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Description	Score
8_4_1 Promote the development of leadership skills?	8
8_4_2 Promote collaborative leadership?	11
8_4_3 Opportunities to provide leadership in areas of expertise or experience?	67
8_4_4 Opportunities to develop leadership through and mentoring?	22
EPHS 9: Evaluate Effectiveness, Accessibility and Quality	41
9.1 Evaluation of Population-based Services	61
9_1_1 Evaluated population-based health services?	59
9_1_2 Assess community satisfaction with population-based health services?	50
9_1_3 Identify gaps in the provision of population-based health services?	67
9_1_4 Use the results of the evaluation in the development of their strategic and operational plans?	67
9.2 Evaluation of Personal Health Care Services	14
9_2_1 Evaluated personal health services for the community?	4
9_2_2 Specific personal health care services in the community evaluated against established criteria?	18
9_2_3 Assess client satisfaction with personal health services?	13
9_2_4 Use information technology to assure quality of personal health services?	0
9_2_5 Use the results of the evaluation in the development of their strategic and operational plans?	33

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Description	Score
9.3 Evaluation of Local Public Health System	57
9_3_1 Identified community organizations or entities that contribute to the delivery of the EPHS?	100
9_3_2 Evaluation of the LPHS conducted every three to five years?	76
9_3_3 Linkages and relationships among organizations that comprise the LPHS assessed?	7
9_3_4 Use results from the evaluation process to guide community health improvements?	44
EPHS 10: Research for New Insights and innovative solutions	54
10.1 Fostering Innovation	31
10_1_1 Encourage staff to develop new solutions to health problems in the community?	56
10_1_2 Proposed to research organizations one or more public health issues for inclusion in their research agenda?	33
10_1_3 Identify and/or monitor “best practices” developed by other public health agencies or organizations?	0
10_1_4 Encourage community participation in the development or implementation of research?	33
10.2 Linkage with Institutions of Higher Learning and Research	69
10_2_1 Partner with at least one institution of higher learning and/or research organization?	100
10_2_2 Develop relationships with institutions of higher learning and/or research organizations?	83

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Description	Score
10_2_3 Encourage proactive interaction between the academic and practice communities?	22
10.3 Capacity for Epidemiological, Policy and service Research	66
10_3_1 Access to researchers?	53
10_3_2 Resources to facilitate research within the LPHS?	100
10_3_3 Plan for the dissemination of research findings to public health colleagues?	67
10_3_4 Evaluate research activities?	44
Average Total Performance Score	63

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Summary of Performance on Model Standards

TX1711 - TEXAS

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Essential Public Health Service	Indicator/Model Standard Met	Indicator/Model Standard Substantially Met	Indicator/Model Standard Partially Met	Indicator/Model Standard Not Met
1: Monitor Health Status		1.1 Population Based Community Health Profile		
		1.2 Access to and Utilization of Current Technology		
		1.3 Maintenance of Population Health Registries		
2: Diagnose and investigate Health problems	2.2 Investigate Public Health Emergencies			
	2.4 Plan for and Research to Public Health Emergencies	2.1 Identification and Surveillance of Health Threats		
		2.3 Laboratory Support for Investigation of Health Threats		
3: Inform, Educate, and Empower People	3.2 Health Promotion Activities	3.1 Health Education		
4: Mobilize Community Partnerships		4.1 Constituency Development	4.2 Community Partnerships	
5: Develop Policies and Plans	5.2 Community Health Improvement (HIP) Process		5.1 Governance (General Measures)	5.4 Public Health Policy Development
			5.3 Strategic Planning Alignment with Community HIP	

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Essential Public Health Service	Indicator/Model Standard Met	Indicator/Model Standard Substantially Met	Indicator/Model Standard Partially Met	Indicator/Model Standard Not Met
6: Enforce Laws and Regulations	6.2 Involvement in Improvement of Laws, Regs and Ordinances	6.1 Review and Evaluate Laws, Regulations, and Ordinances		
		6.3 Enforce laws, Regulations and Ordinances		
7: Link people to Needed Personal Health Services		7.1 Identification of Populations with Barriers to System	7.2 Identifying Personal Health Service Needs of Population	
			7.3 Assuring Linkage of People to Personal Health Services	
8: Assure a Competent Workforce	8.2 Public Health workforce Standards			
	8.3 Continuing Education, Training and Mentoring		8.1 Workforce Assessment	
			8.4 Workforce Understanding of Determinants of Health	
9: Evaluate Effectiveness, Accessibility and Quali		9.1 Evaluation of Population-based Services	9.3 Evaluation of Local Public Health System	9.2 Evaluation of Personal Health Care Services

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10: Research for New Insights and innovative solutions		10.2 Linkage with Institutions of Higher Learning and Research		
		10.3 Capacity for Epidemiological, Policy and service Research	10.1 Fostering Innovation	

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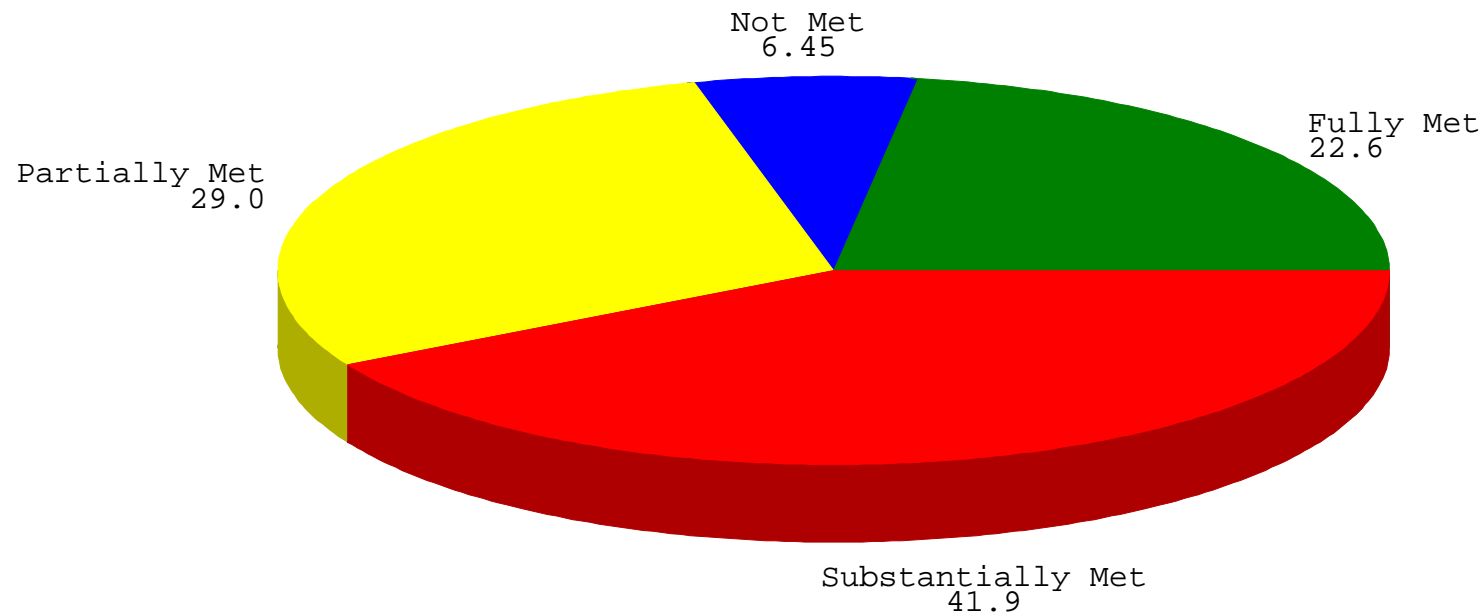
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Summary of Performance on Model Standards

TEXAS : TX1711 County
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Summary Scores at the Essential Service Level

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